Approved for use through 04/30/2003. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number 25 0406 25.0196 **DECLARATION FOR UTILITY OR** First Named Inventor JAMES M. COSTLEY DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration X Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge (37 CFR 1.16 (e)) Filing Examiner Name required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND APPARATUS FOR CLEANING A FRACTURED INTERVAL **BETWEEN TWO PACKERS** (Title of the Invention) the specification of which |X| is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) Application Number (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date Priority Certified Copy Attached? Country (MM/DD/YYYY) Number(s) **Not Claimed** Yes

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	101	r Number ode Label	25	5576	5	OR _	Corresp	oondence address be	elow
Name									
Address									
City			2	State				ZIP	
Country		Telephon	е			Fax			
I hereby declare that all statem and belief are believed to be statements and the like so man false statements may jeopardiz	e true; and furt de are punishat	ther that thole of	hese state or impriso	ement onmen	s were t, or bo	made with th, under 18	the kno	wledge that willful f	false
NAME OF SOLE OR FIRST IN	VENTOR:		☐ A pr	etition	has be	en filed for thi	s unsigr	ned inventor	
Given Name					F	amily Name			
(first and middle [if any])	Ja	ames M.			0	r Surname		COSTLEY	
Inventor's Signature	. (8	ne			•			29 July 20	203
Residence: City	State			Cour	ntry		Citizer	nship	
	Т	exas			Ú	S		US	
Mailing Address									
715 Griffin									
City	State				ZIP			Country	-
Freeport		Texas				77541		US	
NAME OF SECOND INVENTO	R:				<u>·</u>		n filed f	or this unsigned inve	ntor
Given Name						mily Name			
(first and middle [if any])	, <u>D</u>	avid M.			or	Surname		ESLINGER	
Inventor's Signature	1	1_					*	Pate Al 200	7
Residence: City	State			Cour	itry		Citizer	nship /	
	Okl	ahoma			U	s		US	
Mailing Address									
6504 S 221st East Aver	-								
City	State			1	ZIP		Counti	ry	
	C	Oklahom	a		7	4014		US	
Additional inventors or a legal re	presentative are beir	ng named on t	the1_s	uppleme	ental shee	et(s) PTO/SB/02A	or 02LR a	attached hereto.	

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1

				:		
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Na	me or Si	umame	
Randolph J.		S	HEFFIELD			
Inventor's Fandolph / Shefin	ilo				Date JULY 15,2003	
Residence: City Hatton of Fintray	State Al	3	Country		US	
Mailing Address 7 Ogston Mill						
Mailing Address				,		
city Hatton of Fintray	State A	В	ZIP AB21 OLW	Countr	y UK	
Name of Additional Joint Inventor, if ar	ıy:		A petition has been file	ed for this	s unsigned inventor	
Given Name (first and middle [if any])		Family Na	me or S	urname	
L. Michael			MCKEE			
Inventor's See attached sheet Date						
Residence: City Friendswood	State T	x	Country US		US Citizenship	
Malling Address 1704 White Wing Ci	rcle					
Mailing Address						
city Friendswood	State	ГХ	_{ZIP} 77546	Cou	ntry US	
Name of Additional Joint Inventor, if a	Name of Additional Joint Inventor, if any:					
Given Name (first and middle [if any])	Family Name or Surname				
Inventor's Signature					Date	
Residence: City State		Country Citizenship			Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Co	ountry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _1

Name of Additional Joint Inventor, if ar		A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Na	me or S	urname
Randolph J.		SI	HEFFIELD		
Inventor's See attache	d shi	၉ဈ	€		Date
Residence: City Hatton of Fintray	State AE	3	Country		US Citizenship
Mailing Address 7 Ogston Mill					
Mailing Address	- 	—т			:
city Hatton of Fintray	State A	В	ZIP AB21 OLW	Countr	y UK
Name of Additional Joint Inventor, if ar	ıy:		A petition has been file	ed for thi	is unsigned inventor
Given Name (first and middle [if any]	1)		Family Na	me or S	urname
L. Michael		N	MCKEE		
Inventor's Signature Julia	2				Date 18 July 2013
Residence: City Friendswood	State TX	<u> </u>	Country US	5	Citizenship
Mailing Address 1704 White Wing Ci	rcle				
Mailing Address					
city Friendswood	State	ТХ	ZIP 77546	Cou	_{intry} US
Name of Additional Joint Inventor, if a	ny:		A petition has been file	d for this	s unsigned inventor
Given Name (first and middle [if any])	Family Name or Surname			
Inventor's Signature					Date
Residence: City State			Country Citizenship		
Mailing Address					
Mailing Address					
City	State		ZIP	Co	ountry .

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

				_
Please type a	plus sign (+	·) inside this box	─	+

Applicati n Number	
Filing Date	
First Named Inventor	James M. Costley
Group Art Unit	
Examiner Name	
Attorney Docket Number	25.0196

I hereby appo	int:				
OR	ners at Customer Number	25576	□	Place Customer Number Bar Code Label here	
	Name		Registra	tion Number	
<u> </u>					
<u> </u>					
	ney(s) or agent(s) to prosect United States Patent and Tr	* *			
	the correspondence address mentioned Customer Numbe		fied application	to:	
Firm or					
Individual Na Address	ame				
Address					
City		S	tate	Zip	
Country					
·· Telephone		F	ax -		
I am the: X Applican	t/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of A	Applicant or Assigned	of Record		
Name	David M. Eslinger				
Signature					
Date 11 Anda 2003					
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
x *Total of4	forms are submitted.				

Please type a	plus sign (+) inside this box	 ▶	+

Application Number	
Filing Date	
First Named Inventor	James M. Costley
Group Art Unit	
Examiner Name	
Attorney Docket Number	25.0196

I hereby appoint:					
	Customer Number 25576	Place Customer Number Bar Code Label here			
	Name	Registration Number			
	or agent(s) to prosecute the application id States Patent and Trademark Office con				
	espondence address for the above-identil ned Customer Number.	ified application to:			
Firm or Individual Name					
Address					
Address					
City	S	State Zip			
Country					
Telephone	<u> </u>	Fax			
l am the: X Applicant/Inven	tor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name L. Michael McKee					
Signature Sulus Vision					
Date 18 Jaky 2003					
NOTE: Signatures of all the inve forms if more than one signature		or their representative(s) are required. Submit multiple			
	orms are submitted.				

Please type a plu	s sign (+) inside this box	 ▶	+

Application Number	
Filing Date	
First Named Inventor	James M. Costley
Group Art Unit	
Examiner Name	
Attorney Docket Number	25.0196

I hereby appoint:					
Practitioners at Customer Number OR Practitioner(s) named below:	Place Customer Number Bar Code Label here				
Name	Registration Number				
· · · · · · · · · · · · · · · · · · ·					
as my/our attorney(s) or agent(s) to prosecute the application id business in the United States Patent and Trademark Office con					
Please change the correspondence address for the above-identi The above-mentioned Customer Number. OR	fied application to:				
Firm or	·				
Individual Name Address					
Address					
	State Zip				
Country					
Telephone	ax				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Applicant or Assignee of Record				
Name James M. Costley					
Signature JAMES M. Communication of the signature					
Date 29 JULY 2003					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of4forms are submitted.	·				

Please type a plus sign (+) inside this box	→	+
---	----------	---

Application Number		
Filing Date		
First Named Inventor	James M. Costley	
Group Art Unit		
Examiner Name		
Attorney Docket Number	25.0196	

I hereby appoint:				
Practitioners at 0 OR Practitioner(s) na	Customer Number 25576 amed below:	Place Customer Number Bar Code Label here		
	Name	Registration Number		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.				
OR				
Firm <i>or</i> Individual Name				
Address				
Address				
City		State Zip		
Country				
Telephone		Fax		
l am the: ✗ Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Randolph J. Sheffield				
Signature Kandelph Shell Sto				
Date July 15, 2003				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				